

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

				T				
Establishme	ent Name	1	Ken Club	Telephone Number 8/2-725-1009	Date of Inspection (mm/dd/yr) PERMIT #			
				4	J- 4	-101	18-	
Establishme	_ ,		mber and street, city, state, zip code) H New Albany, IN 47150	812-725-1609	5-8-10		277	
Owner	- 1/			Purpose:	Follow-up Release Date			
:](glen	\mathcal{L}	65- Floyd county	1. Routine	NO Today			
Owner's Ac	idress Pca	/	54	2. Follow-up	Summary of Violations:			
Person in C	harge		· · · · · · · · · · · · · · · · · · ·	3. Complaint	$c_{1} = 1$			
	Deb	6 <i>i</i> (Decker	4. Pre-Operational				
Responsible	e Person's	E-ma	il	5. Temporary	Menu Type (See back of page)			
				6. HACCP				
Certified Fo	ood Manag	ger		7. Other (list)	12	3_ <i>V</i>	_45	
	Det	6/	e Decker		<u></u>	.		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative			To Be Co	rrected By	
196	C		Observed no consumer a	iduisory states	rent			
			On menu. It must read			3 days		
			"Consuming raw or undercooked ments,				200/	
		<u> </u>						
		-	poultry, seafood, shellfish, or eggs may					
	ļ <u></u> -		increase your risk of tool bourne illness,					
			especially it you have certain medical					
		L.	Conditions." - Mark with asterisk (*)					
291	NC		Obstrued Quat Sanifizer	- Stript to be	to be I week			
"			water damaged Roplace					
431	No		Observed cleaning needed under 3 days 7				avs 75	
, , ,							chad	
		 	hand washing Sink inside cabinet, Correct					
·		 			. <u></u>			
		 						
		-						
		<u> </u>					• • • • • • • • • • • • • • • • • • • •	
		<u> </u>		·				
					·			
Received by (name and title printed): Inspected by (name and title printed):								
Debble Decker - Kitchen Manager Thomas Suider, EHS								
Received by (signature): Inspected by (signature):								
Debbie Decker Thrombinshi								
cc: cc; cc;								